

YOUTH GROUP HOMES

Parent Company: KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: EVERGREEN YOUTH HOME & SHELTER **Facility Phone Number:** (406) 727-6900
First Name: BRENDA **Last Name:** DOTSETH **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 3001 4TH AVE S GREAT MT 59405-3329 **Region:** CASCADE
Facility Type: YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH
Number of 8 **Age Group:** 10-18 **Gender** FEMALE
Facility License 6142-004 **Expires:** 08/31/2007 **Licensing** JAN SCHINDELE

Parent Company: KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: KAIROS YOUTH SERVICES SHELTER CARE **Facility Phone Number:** (406) 452-7672
First Name: STACIE **Last Name:** CHAMBERS **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1201 7TH AVE NW GREAT MT 59404-2229 **Region:** CASCADE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age Group:** 10-18 **Gender** MALE & FEMALE
Facility License 6142-002 **Expires:** 08/31/2007 **Licensing** JAN SCHINDELE

Parent Company: KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076
Director Name: JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**
Facility Name: MISSOURI RIVER YOUTH GROUP HOME **Facility Phone Number:** (406) 761-2135
First Name: STACIE **Last Name:** CHAMBERS **Title:** PROGRAM MANAGER
Contact: **Last Name:** **Title:**
Address: 1201 7TH AVE NW GREAT MT 59405- **Region:** CASCADE
Facility Type: YOUTH GROUP HOME AND YOUTH SHELTER CARE **Code:** YGH
Number of 8 **Age Group:** 12-18 **Gender** MALE
Facility License 6142-001 **Expires:** 08/31/2007 **Licensing** JAN SCHINDELE

Parent Company: LAKE COUNTY YOUTH GUIDANCE HOME **Phone:** (406) 676-2427
Director Name: CHAS CANTLON **Title:** DIRECTOR
Parent Address: 810 ANDREW ST NW RONAN MT 59864 **800 #:** (406) 676-2427
Facility Name: LAKE COUNTY YOUTH GUIDANCE HOME **Facility Phone Number:** (406) 676-5091
First Name: BLAINE **Last Name:** MARSH **Title:** MANAGER
Contact: TAWNIA **Last Name:** MARSH **Title:** MANAGER
Address: 35129 TIMBER LANE RD RONAN MT 59864- **Region:** LAKE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age Group:** 11-18 **Gender** MALE & FEMALE
Facility License 7697-001 **Expires:** 08/31/2008 **Licensing** JULIE FINK

Parent Company: MONTANA YOUTH HOMES **Phone:** (406) 449-3038
Director Name: EMILY MCVEY **Title:** DIRECTOR
Parent Address: 198 W LYNDAL AVE PO HELENA MT 59624-0153 **800 #:**
Facility Name: JAN SHAW **Facility Phone Number:**
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 200 MILLER ST HELENA MT 59601-2822 **Region:** LEWIS & CLARK
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 11 **Age Group:** 12-18 **Gender** MALE & FEMALE
Facility License 6819-001 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

Parent Company: NEW DAY **Phone:** (406) 254-2340
Director Name: VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR
Parent Address: PO BOX 30282 BILLINGS MT 59107 **800 #:**
Facility Name: UNIT 8 **Facility Phone Number:**
First Name: **Last Name:** **Title:**
Contact: **Last Name:** **Title:**
Address: 1500 COBURN ROAD BILLINGS MT 59101- **Region:** YELLOWSTONE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 8 **Age Group:** 10-17 **Gender** FEMALES
Facility License 2195-008 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

Parent Company:	NEW DAY		Phone:	(406) 254-2340
Director Name:	VERNON	MUMMEY	Title:	DIRECTOR
Parent Address:	PO BOX 30282	BILLINGS MT 59107	800 #:	
Facility Name:	UNIT V		Facility Phone Number:	
First Name:		Last Name:	Title:	
Contact:		Last Name:	Title:	
Address:	1300 CANYON TRAIL ROAD	BILLINGS MT 59101-	Region:	YELLOWSTONE
Facility Type:	YOUTH GROUP HOME		Code:	YGH
Number of	6	Age Group:	10-17	Gender
Facility License	8195-009	Expires:	10/31/2007	Licensing
				LARRY SHENEMAN

Parent Company:	OPEN GATE RANCH		Phone:	(406) 827-4805
Director Name:	CRAIG	BARRUS	Title:	DIRECTOR
Parent Address:	PO BOX 1413	TROUT MT 59874-1413	800 #:	
Facility Name:	OPEN GATE RANCH		Facility Phone Number:	(406) 827-4805
First Name:		Last Name:	Title:	
Contact:	REBECCA	Last Name:	BARRUS	Title:
Address:	21 ALGER RD	TROUT MT 59874-1413	Region:	SANDERS
Facility Type:	YOUTH GROUP HOME		Code:	YGH
Number of	8	Age Group:	10-18	Gender
Facility License	7574-001	Expires:	07/31/2008	Licensing
				JULIE FINK

Parent Company:	ST LABRE INDIAN SCHOOL		Phone:	(406) 784-4521
Director Name:	CUTRIS	YARLOTT	Title:	DIRECTOR
Parent Address:	PO BOX 458	ASHLAND MT 59003	800 #:	
Facility Name:	EAGLES NEST		Facility Phone Number:	(406) 784-4521
First Name:	VICKI	Last Name:	DETAYERNIER	Title:
Contact:		Last Name:		Title:
Address:	PO BOX 458	ASHLAND MT 59003-	Region:	ROSEBUD
Facility Type:	YOUTH GROUP HOME		Code:	YGH
Number of	8	Age Group:	6-16	Gender
Facility License	22420-001	Expires:	06/30/2008	Licensing
				JACKI STOECKEL

Parent Company: ST LABRE INDIAN SCHOOL				Phone: (406) 784-4521
Director Name:	CURTIS	YARLOTT	Title:	DIRECTOR
Parent Address:	PO BOX 458	ASHLAND MT 59003	800 #:	
Facility Name:	TALL WHITEMAN GROUP HOME	Facility Phone Number:	(406) 784-4521	
First Name:	DOUG	Last Name: HOPKINS	Title:	FACILITY DIRECTOR
Contact:		Last Name:	Title:	
Address:	PO BOX 458	ASHLAND MT 59003-	Region:	ROSEBUD
Facility Type:	YOUTH GROUP HOME	Code:	YGH	
Number of	8	Age Group: 6-16	Gender	MALES
Facility License	22420-002	Expires: 06/30/2008	Licensing	JACKIE STOECKEL

Parent Company: YOUTH CHRISTIAN HOME				Phone: (406) 323-4444
Director Name:	ANTHONY	DITONNO	Title:	EXECUTIVE DIRECTOR
Parent Address:	16843 HWY 12 WEST	ROUNDUP MT 59072	800 #:	
Facility Name:	YOUTH CHRISTIAN HOME	Facility Phone Number:	(406) 323-4444	
First Name:	ANTHONY	Last Name: DITONNO	Title:	EXECUTIVE DIRECTOR
Contact:	TONY	Last Name: DITONNO	Title:	CONTACT
Address:	16843 HWY 12 WEST	ROUNDUP MT 59072-	Region:	MUSSELSHELL
Facility Type:	YOUTH GROUP HOME	Code:	YGH	
Number of	10	Age Group: 10-18	Gender	MALE
Facility License	28033-001	Expires: 03/31/2008	Licensing	LARRY SHENEMAN

Parent Company: YOUTH HOMES				Phone: (406) 721-2704
Director Name:	GEOFFREY	BIRNBAUM	Title:	DIRECTOR
Parent Address:	PO BOX 7616	MISSOULA MT 59807-7616	800 #:	
Facility Name:	TOM ROY GROUP HOME	Facility Phone Number:	(406) 728-8127	
First Name:	MELISSA	Last Name: ARNO	Title:	PROGRAM DIRECTOR
Contact:	CRAIG	Last Name: KRUEGER	Title:	PARENT COMPANY
Address:	2824 W CENTRAL AVE. WEST	MISSOULA MT 59804-5120	Region:	MISSOULA
Facility Type:	YOUTH GROUP HOME	Code:	YGH	
Number of	8	Age Group: 13-18	Gender	MALE & FEMALE
Facility License	7001-004	Expires: 04/30/2008	Licensing	JULIE FINK

Parent Company: YOUTH TRANSITION CENTER **Phone:** (406) 452-1792
Director Name: TERI YOUNG **Title:** DIRECTOR
Parent Address: 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405-1603 **800 #:**
Facility Name: BOYS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792
First Name: TERI **Last Name:** YOUNG **Title:** DIRECTOR
Contact: GLEN **Last Name:** CANIPAROLI **Title:** PARENT COMPANY
Address: 4212 3RD AVENUE SOUTH GREAT MT 59405-1603 **Region:** CASCADE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 12 **Age Group:** 12-18 **Gender** MALE
Facility License 10391-001 **Expires:** 11/30/2007 **Licensing** JAN SCHINDELE

Parent Company: YOUTH TRANSITION CENTER **Phone:** (406) 452-1792
Director Name: TERI YOUNG **Title:** DIRECTOR
Parent Address: 4212 3RD AVENUE SOUTH GREAT FALLS MT 59405-1603 **800 #:**
Facility Name: GIRLS FACILITY TRANSITION HOUSE **Facility Phone Number:** (406) 452-1792
First Name: TERI **Last Name:** YOUNG **Title:** DIRECTOR
Contact: GLEN **Last Name:** CANIPAROLI **Title:** CONTACT
Address: 4212 1/2 3RD AVENUE SOUTH GREAT MT 59405-1603 **Region:** CASCADE
Facility Type: YOUTH GROUP HOME **Code:** YGH
Number of 5 **Age Group:** 12-18 **Gender** FEMALE
Facility License 10391-002 **Expires:** 11/30/2007 **Licensing** JAN SCHINDELE